

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
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7590

09/23/2004

Jonathan P. Osha

~~Rosenthal & Osha L.L.P.~~

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1221 McKinney St.

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12/10/2004 MWOLDGE2 00000112 10688809

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

03 FC:8001

12.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,809	10/16/2003	Keiichi Shimizu	15115.092001	9668

TITLE OF INVENTION: SWITCH APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLAUS, LISA NHUNG	2832	200-563000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Osha & May L.L.P.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Omron Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
801, Minamifudodo-cho, Horikawahigashiiru, Shiokoji-dori,
Shimogyo-ku, Kyoto-shi, Kyoto, Japan 600-8530

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/688,809-Conf. #9668	
TOTAL AMOUNT OF PAYMENT		Filing Date	October 16, 2003	
(\$)		1,682.00	First Named Inventor	Keiichi Shimizu
		Examiner Name	L.N. Klaus	
		Art Unit	2832	
		Attorney Docket No.	15115/092001	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order		2. EXTRA CLAIM FEES			
<input checked="" type="checkbox"/> Deposit Account		<input type="checkbox"/> None		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Deposit Account Number	50-0591			Each claim over 20	18	9	
Deposit Account Name	Osha & May L.L.P.			Each independent claim over 3	88	44	
The Director is authorized to: (check all that apply)				Multiple dependent claims	300	150	
<input type="checkbox"/> Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent	18	9	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				For Reissues, each independent claim more than in the original patent	88	44	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input checked="" type="checkbox"/> Credit any overpayments				- 20 or HP = _____ x _____ = _____			
To the above-identified deposit account.				HP= highest number of total claims paid for, if greater than 20			
<input type="checkbox"/> Other (please identify): _____				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
				- 3 or HP = _____ x _____ = _____			
				HP= highest number of independent claims paid for, if greater than 3			
FEE CALCULATION				Multiple Dependent Claims			
1. BASIC FILING FEE				Fee (\$)			
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>	Subtotal (2) \$			
Utility Filing Fee	790	395	_____	0.00			
Design Filing Fee	350	175	_____				
Plant Filing Fee	550	275	_____				
Reissue Filing Fee	790	395	_____				
Provisional Filing Fee	160	80	_____				
Subtotal (1) \$			0.00				
				3. OTHER FEES			
				<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>
				1-month extension of time	110	55	_____
				2-month extension of time	430	215	_____
				3-month extension of time	980	490	_____
				4-month extension of time	1,530	765	_____
				5-month extension of time	2,080	1,040	_____
				Information disclosure stmt. Fee	180	180	_____
				37 CFR 1.17(q) processing fee	50	50	_____
				Non-English specification	130	130	_____
				Notice of Appeal	340	170	_____
				Filing a brief in support of appeal	340	170	_____
				Request for oral hearing	300	150	_____
				1504; 8001; 1501 Publication fee for early, voluntary, Other: or normal publication; Printed copy of patent w/o color; Utility issue fee			1,712.00
Subtotal (3) \$			1,712.00				

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	December 8, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 535681872 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22316-1450, on the date shown below.	
Dated: December 8, 2004	Signature: (Charlotte L. Cookingham)